recommend it to all paediatricians at every level.

PHILIP G REES

Concepts in Pediatric Neurosurgery. I. Edited by The American Society for Pediatric Neurosurgery. (Pp. 235 incl. index; illustrated+tables. Sw fr 190, $114·00 hardback.) Karger: Basel. 1981.

This is the first of a proposed series of research monographs to be published for the American Society for Pediatric Neurosurgery; 17 diverse papers review studies which sometimes concern rather small numbers of cases. The most substantial is by Raimondi and Tomita on 332 cases of intracranial tumour in children. This is useful and largely uncontroversial but it suggests that medulloblastomas should be treated by routine preliminary shunting, local radiotherapy only, and no cytotoxic agents. There are useful reviews and reports on series of vascular malformations of the brainstem, extradural haematomas, meningomyeloceles, and intermittent catheterisation for urinary incontinence (from Toronto, Chicago, Atlanta, and Indianapolis). Also from Toronto, comes a report of the current contribution of stereotactically controlled third ventriculostomy in the management of the hydrocephalus of aqueduct stenosis or the Dandy Walker syndrome; a case is made for its use as the first, not last, resort in selected cases in infancy who may thus be spared the hazards of shunting. There are papers on the interventional radiology of arteriovenous malformations, the ultrastructure of subdural membranes, and various technical surgical matters. McCullough and Wells take an aggressive view of the prevention of hydrocephalus after intraventricular haemorrhage in 'premature' infants by repeated lumbar drainage of blood-stained cerebrospinal fluid. Most readers will find some ammunition for debates with their neurosurgical colleagues and much to disagree with themselves.

DAVID GARDNER-MEDWIN

Febrile Seizures. Edited by K B Nelson and J H Ellenberg. (Pp. 378 incl. index; illustrated+tables. $51·68 hardback.) Raven Press: New York. 1981

This is the record of a Consensus Development Conference held at the National Institutes of Health, Bethesda, Maryland, USA 18–21 May 1980. The conference plan was that experts on the subject of febrile convulsions should present their views in formal papers, an attempt being made by the organisers to ensure that disparate views would be represented. The papers were followed by formal discussion led by named participants and then by free open discussion. A Consensus Development Panel consisting of 10 people, each one an expert in a field relevant to febrile convulsions but without an axe to grind on the issue, would then examine the evidence presented and 'working into the early hours of the morning' reach a verdict. It is predictable that this sort of scientific democracy will produce a modal opinion deviating little, if at all, from current widely accepted practice. Such a plan will define safe, 'straight down the middle', acceptable opinion but it would be surprising if it were to result in that leap in understanding which can only be achieved at an individual level. Presumably if 10 people were to consider any issue together their grasp of the issue, if it were measurable, would have a mean and a distribution around the mean. The consensus would represent the mean but the best understanding would be that which deviated most from the mean in one direction, the worst that which deviated most in the opposite direction; the difficulty lies in deciding on which side of the mean lies the right road.

Six questions were considered at the conference: What is a febrile seizure? What are the risks facing the child who has a febrile seizure? What can chronic or intermittent prophylaxis accomplish in reducing those risks? What are the potential risks of prophylaxis using the available forms of therapy? (the thought of using unavailable forms of therapy intrigues me!). What is a rational approach to management of children with febrile seizures, and which children should be considered for prophylaxis? Are further clinical, experimental, or epidemiological studies necessary?

Febrile seizures are defined by J Gordon Millichap as 'an event in infancy or childhood, usually occurring between 3 months and 5 years of age, associated with fever but without evidence of intracranial infection or defined cause. Seizures with fever in children who have suffered a previous non-febrile seizure are excluded. Febrile seizures are to be distinguished from epilepsy, which is characterised by recurrent non-febrile seizures'. Nothing here about 'simple febrile convulsions' and 'epilepsy precipitated by fever'. The Livingstonian concept dies hard in this country and, despite the fact that it is unsupported by any recent evidence, it is still widely taught in our university departments of paediatrics; isn't it time it was given a decent burial?

This is essential reading for all paediatricians and anybody with an interest in febrile convulsions. As might be expected the editors' views are widely represented. Dr Nelson contributes a carefully reasoned chapter on 'Can treatment of febrile seizures prevent subsequent epilepsy?' Although she is careful to say that there is no evidence to answer this question with 'yes' or 'no' it is obvious that she believes the answer to be 'no'. However, her reasoning seems to have reached some fairly unreceptive left temporal lobes at the conference since the Consensus Development Panel, in true committee fashion, decided to play it both ways by first saying that 'there is no evidence that prophylaxis reduces the risk of non-febrile seizures' and then going on to recommend as reasons for prophylaxis those factors which are associated with an increased risk of developing non-febrile seizures. No less an authority than Sidney Carter puts forward the argument that prophylaxis should be given because there is no evidence that it doesn't prevent epilepsy; such an argument could be used, and no doubt has been, to justify any quack medicine which ever existed and it is a form of reasoning which should have no place at such a conference.

In a short review it is impossible to cover the wide range of subjects discussed and opinions expressed in the book. Although there is an emphasis on clinical aspects of febrile convulsions and the place of prophylaxis, subjects such as epidemiology, animal experimentation, and clinical and experimental toxicology (including behavioural studies) are given due coverage. The question of when to perform a lumbar puncture is sensibly discussed and so is the question of whether or not to ask for skull *x*-ray films—a non-question to most British paediatricians.

Attempts to foresee future advances in the management of febrile convulsions are ignored. Recently enthusiasm for embarking on fresh trials of anticonvulsant prophylaxis has virtually disappeared in most quarters and a trial designed to show whether or not prophylaxis can

prevent epilepsy would be so large, time-consuming, and costly that at present there does not seem to be any prospect of it being done. The book ends with a bibliography listing 687 articles about febrile convulsions.

This is the most up-to-date survey currently available of the problems presented by febrile convulsions and it should be read by all doctors who care for children with this disease although, since an attempt is made to present each side of every argument, they will find both wheat and chaff in close approximation and will need to be able to distinguish between them.

D P ADDY

An Introduction to Paediatric Neurology. By G Hosking. (Pp. 252 incl. index; illustrated+tables. £11·50 hardback, £5·95 paperback.) Faber & Faber: London. 1982.

This welcome little book is written for nurses, therapists, social workers, and teachers; it is perhaps too much of a potted medical text to be ideal. Although it covers the field adequately, describes the right disorders, and has good diagrams and a glossary, there is little advice on what a therapist can do to help far less a teacher: and the balance sometimes seems wrong; surely status epilepticus or reading retardation needs more space than myotubular myopathy or the Lesch Nyhan syndrome? Most of all I missed the principles of the subject; without some feeling for the interplay of brain development and pathology it would be hard either to learn the facts set out here or to put them into practice. I felt at times that distillation not desiccation might have been the better way to reduce such a fine bunch of grapes to its essentials, but the raisins are wholesome enough and I hope it is a success.

DAVID GARDNER-MEDWIN

Paediatrics. By N D Barnes and N R C Roberton. (Pp. 130 incl. index; illustrated+tables. £14·95 hardback.) Update Publications: London. 1981.

This new book by two Cambridge paediatricians deals with certain aspects of children's illness encountered by doctors engaged in primary care and is a compendium of articles which originally appeared in the magazine *Update*, now revised and expanded. The subjects covered are some of the more important ones encountered in the community such as growth, immunisation, infant feeding, and the common childhood infections.

There are chapters on organ diseases—such as those of the gut, kidneys, and pancreas. The common enough problem of convulsions is dealt with concisely with the differential diagnoses of faints and 'funny turns'. All general practitioners are faced with the problems of child abuse or neglect; these too are included together with some of the acute problems which come their way. There is no attempt to make this a complete textbook of paediatrics; so many of the diseases encountered in the hospital receive no mention, and there is little about handicap, cerebral palsy, mental retardation, or squints. The far less common condition of cystic fibrosis has three pages, perhaps because the problems of this illness are so extensive. Respiratory tract problems are well covered but exanthemata are only mentioned in passing in the chapter on immunisation. The common problems of sleep, not eating, or the converse overeating are briefly dealt with and school problems also are given a place.

There is bound to be a lack of balance in a book which is a collection of articles, and some important problems such as those of the skin and bones are omitted. One of the very attractive features is the succinct list of references and further reading at the end of every chapter; these have been carefully chosen. The book is beautifully produced and illustrated, and there are many excellent coloured photographs and charts, tables, flow diagrams, and radiographs. The style is bold and didactic, which makes for easy reading, thus making it an engaging introduction to paediatrics for the medical student, but those wanting a textbook of paediatrics will either look elsewhere or supplement their reading. Nevertheless, the attractive presentation is likely to guarantee a good readership.

O P GRAY

Scientific Foundations of Paediatrics, second edition. Edited by J A Davis and J Dobbing. (Pp. 1095 incl. index; illustrated+tables. £75·00 hardback.) Heinemann Medical: London. 1981.

This edition of an important book is a worthy successor to the first one. In no sense is this a textbook of clinical paediatrics; as the authors hoped it is a composite of the scientific background concerned with the essential distinguishing characteristic of the medicine of childhood, and its concern with growth and development. It has been extensively revised with the addition of further contributors. There are now five sections, the important change being that growth and development of behaviour and personality has been given a section of its own, separating it from the section on growth and development of physical systems and giving this important subject a more thorough treatment. Thus the book as a whole achieves a very satisfactory presentation of very varied aspects of the studies in paediatric medicine in a single volume, and has very extensive reference lists making it a worthy, if not outstanding, part of the Scientific Foundations series.

It is impossible to comment on the complete content of this book; some chapters make very heavy reading indeed, but the important essay on the 'Beginnings and fruition of the self' is very informative and a joy to read. The editors have ensured good use of diagrams and illustrations, and they are to be congratulated on their choice of excellent contributors; it is beautifully printed. This is an essential reference book for every paediatric department and medical library.

J W SCOPES

Textbook of Gastroenterology and Nutrition in Infancy. In two volumes. Edited by E Lebenthal. (Pp. Vol. 1, 699 including index; Vol. 2, 483 including index; illustrated+tables. 2 volume set $133·28 hardback. Raven Press: New York. 1981.

One of the exciting and important areas of scientific interest during the last decade has been our increasing understanding of the interdependence of gastrointestinal development and function upon nutrition. This is of particular concern to all who work with the young, and is a field in which paediatricians have made significant contributions. This has been acknowledged in several ways, not least of which is this considerable work by one hundred authors, most of them from North America.

As stated in the preface the books are intended for all who care for infants in the perinatal period. They aim to provide an overview of the rapidly expanding interface of knowledge which links infant nutrition with development and disease of